

00862.021811



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
TADAHIRO OHMI, ET AL.) : Examiner: D. Florez Ruiz
Application No.: 09/494,945) : Group Art Unit: 2828
Filed: February 1, 2000) :
For: LASER OSCILLATING APPARATUS,)
EXPOSURE APPARATUS USING :
THE SAME, AND DEVICE)
FABRICATION METHOD : January 20, 2004

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL AMENDMENT

Sir:

Further to the Amendment timely filed on December 8, 2003, please amend
the above-identified application as follows.

In re Application of:

TADAHIRO OHMI, ET AL.

Application No.: 09/494,945

Filed: February 1, 2000

For: LASER OSCILLATING APPARATUS,
EXPOSURE APPARATUS USING THE
SAME, AND DEVICE FABRICATION
METHOD

Docket No. 00862.021811

Examiner: D. Flores Ruiz

Group Art Unit: 2828

Date: January 20, 2004

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Supplemental Amendment in the above-identified application.

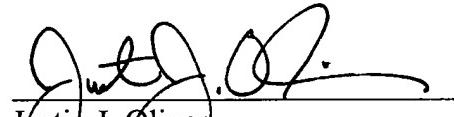
No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	42	MINUS	108	0	x \$9 \$18	0.00
INDEP. CLAIMS	9	MINUS	12	0	x \$43 \$86	0.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

°Verified Statement claiming small entity status is enclosed, if not filed previously.

- A check in the amount of \$____ is enclosed.
- Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- A check in the amount of \$____ to cover the fee for a _____ month extension is enclosed.
- A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our below-listed address.



Justin J. Oliver
Attorney for Applicants
Reg. No. 44,986

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